



EMPOWERMENT SCHOLARSHIP ACCOUNT  
2016-2017 EXPENSE REPORT  
STUDENT WITH DISABILITY

Quarter: \_\_\_\_\_

**Applicant/Legal Guardian and Student Details (print in blue or black ink):**

Student First Legal Name	Student Legal Last Name
Applicant/Legal Guardian First Name	Applicant/Legal Guardian Last Name

**Expenses (If not Applicable, Leave Blank)**

**1) Private School Expenses**

**A) Tuition**

School Name: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semester ☐ Quarterly ☐ Annual

**B) Fees**

Fee Type 1: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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Fee Type 2: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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Fee Type 3: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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**C) Textbooks - Required By Private School**

Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$

**B) Uniform (Required By and Purchased Through School)**

Total Payment Amount: \$ \_\_\_\_\_

**2) Educational Therapies and Services for Students with Disabilities**

**A) Therapy 1**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Therapy Type: \_\_\_\_\_ Credential Type: \_\_\_\_\_

☐ Checking this box assures that I have verified credentials and documents are attached

**B) Therapy 2**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Therapy Type: \_\_\_\_\_ Credential Type: \_\_\_\_\_

☐ Checking this box assures that I have verified credentials and documents are attached

**C) Therapy 3**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Therapy Type: \_\_\_\_\_ Credential Type: \_\_\_\_\_

☐ Checking this box assures that I have verified credentials and documents are attached

**Use Addendum sheet to add additional therapies**



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**3) Paraprofessional for Students with Disabilities**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Paraprofessional: \_\_\_\_\_

Credential Type: ☐ Associates degree or higher  
☐ 60 or more credit hours  
☐ Passed one or more of the three paraprofessional tests

☐ Checking this box assures that I have verified credentials and documents are attached

**4) Life-Skills Education**

These courses help students with disabilities learn life-skills to promote independence.

**A) Course 1**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Course Title: \_\_\_\_\_ Subject: \_\_\_\_\_

Provider: \_\_\_\_\_ Contact: \_\_\_\_\_

**B) Course 2**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Course Title: \_\_\_\_\_ Subject: \_\_\_\_\_

Provider: \_\_\_\_\_ Contact: \_\_\_\_\_

**4) Assistive Technology Rental for Students with Disabilities (as required by therapy)**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Equipment \_\_\_\_\_ Provider \_\_\_\_\_



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**5) Education and/or Psychological Evaluation**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Evaluation Type: \_\_\_\_\_ Provider: \_\_\_\_\_

**6) Braille Translation Service**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Provider: \_\_\_\_\_

**7) Tutoring Services – Academic Subjects, including Music and Art**

**A) Tutor 1**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Tutor: \_\_\_\_\_ Subject: \_\_\_\_\_

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching Certificate

☐ State Substitute Teaching Certificate

☐ Checking this box assures that I have verified credentials and documents are attached

**B) Tutor 2**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Tutor: \_\_\_\_\_ Subject: \_\_\_\_\_

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching Certificate

☐ State Substitute Teaching Certificate

☐ Checking this box assures that I have verified credentials and documents are attached

**Use Addendum sheet to add additional Academic Tutors**



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**C) Extra-Curricular Tutors**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Tutor: \_\_\_\_\_ Subject: \_\_\_\_\_

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching/Substitute Teaching Certificate

☐ Subject-specific Credential (Specify): \_\_\_\_\_

☐ Checking this box assures that I have verified credentials and documents are attached

Use Addendum sheet to add additional Extra-Curricular Tutors

**8) Curricula**

**A) Curriculum Order 1**

Payment Date: \_\_\_\_\_ Total Payment Amount: \$ \_\_\_\_\_ Vendor: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

**a) Curriculum, as listed on Invoice**

Name of Curriculum	Grade Level	Subject	Price
			\$
			\$
			\$
			\$
			\$

**b) Supplemental Material**

Required by (Curriculum Name)	Name of Item	Price
		\$
		\$

**c) Taxes and Shipping:** Payment Amount: \$ \_\_\_\_\_



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**B) Curriculum Order 2**

Payment Date: \_\_\_\_\_ Total Payment Amount: \$ \_\_\_\_\_ Vendor: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

**a) Curriculum, as listed on Invoice**

Name of Curriculum	Grade Level	Subject	Price
			\$
			\$
			\$
			\$
			\$

**b) Supplemental Material**

Required By (Curriculum Name)	Name of Item	Price
		\$
		\$

**c) Taxes and Shipping:** Payment Amount: \$ \_\_\_\_\_

Use Addendum sheet to add additional Curricula

**9) Online Private Program**

**A) Tuition**

Program Name: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

**B) Fees (as shown on Invoice)**

Name of Fee: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

**C) Required Textbooks/Curriculum**

Textbook/Curriculum 1 Name:	Amount Paid: \$
Textbook/Curriculum 2 Name:	Amount Paid: \$
Textbook/Curriculum 3 Name:	Amount Paid: \$



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**10) Testing Fee for Placement/Admission Exams related to College**

Payment Date: \_\_\_\_\_

Test Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Test Name: ☐ American College Test (ACT) ☐ California Achievement Test (CAT)  
☐ Stanford Achievement Test (SAT) ☐ Iowa Test of Basic Skills (ITBS)  
☐ Tests of Academic Proficiency (TAP) ☐ Metropolitan Achievement Test (MAT)  
☐ TerraNova ☐ Other (Specify) : \_\_\_\_\_

**11) Post-Secondary Institution (University, College, Trade or Vocational School in Arizona)**

**A) Tuition**

Institution Name: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

**B) Fees**

Name of Fee 1: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Name of Fee 2: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

**C) Textbooks Required by Post-Secondary Institution**

Textbook 1 Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Textbook 2 Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Textbook 3 Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

**D) Placement / Admissions Test**

Test Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

**12) 530-Coverdell Plan**

Payment Date: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Third Party: \_\_\_\_\_

*Applicant Parent must be the Responsible Party on Account*

*Please attach Account Overview and Account Statements with submission*



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**13) Bank Fee for ESA Account**

**a) Bank Fee 1**

Payment Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Fee Type: ☐ Replacement Card (Lost or Stolen) ☐ Expedited Service Fee

**b) Bank Fee 2**

Payment Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Fee Type: ☐ Replacement Card (Lost or Stolen) ☐ Expedited Service Fee

**14) Services from a Public School**

**Note:** Student cannot be enrolled in public school; services must be paid-services from a public school within Arizona

Payment Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

District: \_\_\_\_\_

School: \_\_\_\_\_

Course Title: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**EXPENDITURE – ATTESTATION FORM**

Pursuant to Arizona Revised Statutes § 15-2402 & 15-2403, as the ESA contract holder, I certify that:

- 1) All funds have been spent for the lawful benefit of the qualified student as authorized in Section 3 of the Empowerment Scholarship Agreement.
- 2) I understand that the Arizona Department of Education is authorized to audit all expenditures and may:
  - a. Suspend an ESA account or remove a parent for misspending;
  - b. Require repayment of misspent funds before releasing additional monies;
  - c. Refer gross misspending for further investigation to the Attorney Generals' Office that may result in a civil judgment or criminal indictment.
- 3) I understand it is a violation of ESA policy to retain the services of a family member or ESA card holder as a therapist, tutor or aide.

Parent Name (Print)	Signature	Date
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**Submission is not complete without all supporting documentation (receipts, invoices, credentials, etc.)**

Send completed Expense Report and required documents to:



**Mail**

Arizona Department of Education  
Attn: ESA  
1535 W. Jefferson Street Bin #41  
Phoenix, Arizona 85007



**Email:**

esareports@azed.gov





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